



# Ontario Well Water Study

## Household Questionnaire

Date of interview:   -   -     (dd/mm/yyyy)

Interviewer: \_\_\_\_\_

Household ID:

Consent acquired

I am going to start with a general household questionnaire. It should take about 10 minutes and covers things about people who live here, your water supply and septic system, and even your pets.

You are free to refuse to answer any question and to stop the interview at any time. However, your answers are all important and I hope you are able to answer all of the questions I ask you.

Do you have any questions?

I am going to start with a few questions about you.

1. The respondent is:

- Male  
 Female

2. How old are you?

years (999 for don't know/refused)

3. How long have you lived at this address? (using this well)

months

years (999 for don't know/refused)

I am going to ask about people who currently live in your home. For these questions, I would like to know about people who live in your home, whether or not they are related to you, but who live at this address four or more days per week.

4. Including yourself, how many adults, that is people 20 years and older, currently live in your home?

(99 don't know/refused)

5. How many youths 12 to 19 live here?

(If none, enter 0, do NOT leave blank)

6. And how many children 4 to 11 years?

7. How many children under 4 years of age live in your household?

 (If zero, skip to Q=8)

7a. Are any of the children still in diapers? (Includes "pull-ups")

- Yes  
 No  
 Don't know / refused

7b. Do any children in your household go to a day care centre?

(5 or more children in centre; child in care 1 or more days/week)

- Yes  
 No  
 Don't know

8. Does anyone in the household work at any of the following...

	Yes	No
Day care centre or babysitting service	<input type="checkbox"/>	<input type="checkbox"/>
Hospital, nursing home or residential home	<input type="checkbox"/>	<input type="checkbox"/>
Sewage treatment plant	<input type="checkbox"/>	<input type="checkbox"/>
Any other job where they are in contact with human waste: _____	<input type="checkbox"/>	<input type="checkbox"/>
Farm with livestock (any type)	<input type="checkbox"/>	<input type="checkbox"/>
Abattoir, butcher shop, or meat processing	<input type="checkbox"/>	<input type="checkbox"/>
Animal feed processing plant	<input type="checkbox"/>	<input type="checkbox"/>
Nursery or landscaping service	<input type="checkbox"/>	<input type="checkbox"/>
Any other job where they are in contact with meat, animals, or animal waste: _____	<input type="checkbox"/>	<input type="checkbox"/>

9. What township and county is this residence a part of?

Township: \_\_\_\_\_ (Write don't know/refused as required)

County: \_\_\_\_\_

10. Do you have a swimming pool? (not a pond or swimming hole)

- Yes  
 No  
 Don't know

11. Do you have a hot tub or spa?

- No  
 Yes

12. How many washrooms do you have in your home?

 (With toilet; include outhouse; 99 for don't know/refused)

**Now I would like to ask a few questions about your pets.**

13. Do you have any pets?

- Yes
- No *(Skip to Q=14)*
- Don't know/refused

13a. What kind of pets do you have?

- Dog(s)
- Cat(s)
- Bird(s)
- Other: specify: \_\_\_\_\_

14. In the past three months, have any animals spent more than a few minutes inside the house? *(Several hours per week. Include animals that only live in house e.g. hamster)*

- Yes
- No *(Skip to Q=17)*
- Don't know/refused

14a. What kind of animals have spent time inside the house?

- Dog(s)
- Cat(s)
- Bird(s) - *(Skip to Q=16)*
- Other: specify: \_\_\_\_\_ - *(Skip to Q=16)*  
 \_\_\_\_\_ - *(Skip to Q=16)*

15. How often would you say you give your <FILL: cat and/or dog> any of the following. Would you say your pet(s) often, sometimes, rarely or never get(s)... *(Read list)*

	<i>Often</i>	<i>Some times</i>	<i>Rarely</i>	<i>Never</i>
Commercial dry or canned food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial biscuits or dry treats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw meat (any kind)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw hide treats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Were any of these animals on antibiotics in the past three months?

*(Not just cat/dog. Ref: calendar)*

- Yes
- No *(Skip to Q=17)*
- Don't know/don't remember

16a. Do you recall what kind(s) of antibiotic were they given?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I'm going to ask a few questions about your drinking water now.**

17. Where do you get the water you use for drinking? Is it from a private well, a well used by 6 or more households, a cistern, a municipal system, or some other source?

- Private well
- Communal well (6 or more households)
- Cistern
- Municipal (or town) water
- Bottled (bulk or individual)
- Other: \_\_\_\_\_
- Don't know

17a. And... where do you get the water you use for bathing, dental care, and other household uses?

- Same as above (Q=17)
- Private well
- Communal well (6 or more households)
- Cistern (Skip to Q=21)
- Municipal (or town) water (Skip to Q=21)
- Other: \_\_\_\_\_
- Don't know

18. What type of well do you have? Is it drilled, dug, bored, or driven, which is also called a sand point or well point?

- Drilled
- Dug or bored
- Driven (sandpoint or wellpoint)
- Other: \_\_\_\_\_
- Don't know

19. How deep is your well?

- feet (9999 for don't know)  
 metres

20. How old is it?

- months (999 for don't know)  
 years

21. Have any repairs or maintenance be done on your well or water lines in the past 12 months?

- Yes
- No → skip to Q=22
- Don't know

21a. And in the past 3 months have any repairs or maintenance be done on your well or water lines?

- Yes
- No
- Don't know

22. Why did you submit your water for bacteriological testing this most recent time?

- Do it regularly / routinely
- Off colour / cloudy
- Bad / different taste
- Odour
- Heavy rain
- People ill with stomach illness / diarrhoea
- E. coli* in previous test
- Coliforms in previous test
- Other: \_\_\_\_\_
- No specific reason
- Don't know

23. How many times did you send your water for bacteriological testing in the past 12 months?

- Number
- Many times (*don't know exactly, but more than 10*)
- Don't know

24. How many times has your well water tested positive for *E. coli* in the past 12 months? (*Use results sheets if available*)

- Number
- Many times (*don't know exactly but more than 10*)
- Don't know

24a. And do you recall how many times it tested positive for coliforms?

- Number
- Many times (*don't know exactly but more than 10*)
- Don't know

24b. For those with UV lights, etc. How many times have you sent your tap water for testing and how many times has it been positive for *E. coli* or coliforms?

25. Do you currently treat the water you use for drinking? By treating, I mean boiling, adding chlorine or some other treatment to remove bacteria and other contaminants?

- Yes
- No (*Skip to Q=26*)
- Don't know

25a. How do you treat it?

- Boil
- Chlorine → Did you "shock" treat it  or use a chlorinator  ?
- Filtration
- Brita or other "filter" system
- Ultraviolet (UV)
- Ozone
- Other: \_\_\_\_\_
- Don't know

25b. When did you start treating it?

-   -     (dd/mm/yyyy) (Year only if several years ago)

25c. And do you treat the water you use for dental care, bathing, and other household uses?

- Yes  
 No (Skip to Q=26)  
 Don't know

25d. How do you treat it?

- Same as above (Q=25)  
 Boil  
 Chlorine → Did you "shock" treat it  or use a chlorinator  ?  
 Filtration  
 Brita or other "filter" system  
 Ultraviolet (UV)  
 Ozone  
 Other: \_\_\_\_\_  
 Don't know

25e. When did you start treating it?

-   -     (dd/mm/yyyy) (Year only if several years ago)

**Now a few questions about your septic system. Remember that everything you tell me during this survey is confidential. Your name will not be connected to anything you tell me and it will never be shared with anyone outside this study.**

26. How is your domestic sewage handled? Do you have a ... (Read list)

- Septic tank and weeping bed (aka: field or leaching bed)  
 Field tank  
 Holding tank  
 Lagoon  
 Surface discharge (Skip to Q=28)  
 Municipal system (Skip to Q=28)  
 Other: \_\_\_\_\_  
 Don't know \*\*\*Do NOT read\*\*\*

27. When was the last time you had the tank [lagoon] pumped?

months (999 for don't know)  
   years (888 for never)

28. How old is your septic system – or – How long have you been on the municipal sewage system? (Note: Oldest part if renovations completed)

months (999 for don't know)  
   years

29. Have any upgrades or maintenance been done on your sewage system in the past 12 months?

- Yes
- No → Skip to Q-30
- Don't know

29a. And in the past 3 months have any repairs or maintenance be done on your sewage system??

- Yes
- No
- Don't know

**Next I would like to ask a few things about your property.**

30. How would you describe the soil on your property. Would you say it is predominantly (Read list)

- Gravel
- Sand
- Loam, or
- Clay
- Don't know \*\*\*Do NOT read\*\*\*

31. How many acres of property do you own [rent] at this location?

- acres (9999 for don't know)
- hectares

32. Would you describe your property as being ... (Read list)

- Farm
- Non-farm rural
- Village or hamlet (<1,000 people)
- Small town (1,000 to 10,000 people)
- Other: \_\_\_\_\_

33. Have livestock been housed on this property in the past 12 months? This includes animals owned and/or cared for by your family or housed here and cared for by other people. (Include pony, chickens, pigeons, etc. but not cats, dogs)

- Yes
- No (Skip to Q=39)
- Don't know

33a. What type of livestock have been on this property in the past 12 months?

(Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Dairy cattle  | <input type="checkbox"/> Pigs             |
| <input type="checkbox"/> Beef cattle   | <input type="checkbox"/> Horses or ponies |
| <input type="checkbox"/> Sheep (lambs) | <input type="checkbox"/> Chickens         |
| <input type="checkbox"/> Goats         | <input type="checkbox"/> Turkeys          |
| <input type="checkbox"/> Other: _____  |   |
| <input type="checkbox"/> Other: _____  |   |

33b. What is the largest number of <FILL: *type of livestock*> that have been housed on this property in the past 12 months?

_____ (type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Are livestock currently housed on the property?

- Yes  
 No  
 Don't know

35. Do you care for the livestock on this property?

- Yes  
 No (*Skip to Q=37*)  
 Don't know

36. Have you used antibiotics as a feed supplement for your livestock in the past 12 months?

- Yes  
 No (*Skip to Q=37*)  
 Don't know

36a. What type(s) of antibiotic have you used as a feed supplement?

\_\_\_\_\_ (*Write in 'don't know' if applicable*)  
\_\_\_\_\_  
\_\_\_\_\_

36b. When did you start using antibiotics in your feed?

-  (*mm/yyyy*) (*Year is sufficient if several years ago*)

36c. Are you still using antibiotics in your feed?

- Yes (*Skip to Q=37*)  
 No  
 Don't know

36d. When did you stop using it?

-  (*mm/yyyy*)

37. Where, in relation to your well, has manure been stored or spread over past year? Would you say it is stored or spread ... (*Read list*) (*Includes liquid or solid; stored in any way*)

- Within 15 metres (50') of your well  
 Within 30 metres (100') of the well  
 Within 100 metres (330') of your well  
 More than 100 metres (330') from the well  
 Not spread in past 12 months (*Skip to Q=39*)  
 Don't know \*\*\*Do NOT read\*\*\*



37a. And within the past 3 months, where, in relation to your well, has manure been stored or spread? Would you say it is stored or spread ...*(Read list)*

- Within 15 metres (50') of your well
- Within 30 metres (100') of the well
- Within 100 metres (330') of your well *(Skip to Q=39)*
- More than 100 metres (330') from the well *(Skip to Q=39)*
- Not spread in past 3 months *(Skip to Q=39)*
- Don't know \*\*\*Do NOT read\*\*\*

37b. When was the last time manure was stored or spread on fields within 30 metres (100') of your well? Would you say... *(Read list)*

- Within the past month
- Within the past 3 months
- Within the past 12 months
- More than 12 months ago, or
- Never
- Don't know \*\*\*Do NOT read\*\*\*

38. How soon is manure usually worked into the ground when it is spread? Would you say it is worked in... *(Read list)*

- Same day (includes injected)
- Within 1 to 3 days
- Within 4 to 7 days
- More than one week after it is spread
- Don't know \*\*\*Do NOT read\*\*\*

39. Has a neighbour bordering your property had livestock on their land in the past 12 months? By bordering, I mean a neighbour that shares a fence line with you.

- No *(Skip to Q=42)*
- Yes
- Don't know

39a. What type of livestock were on that property within the past 12 months?

*(Check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Dairy cattle  | <input type="checkbox"/> Pigs             |
| <input type="checkbox"/> Beef cattle   | <input type="checkbox"/> Horses or ponies |
| <input type="checkbox"/> Sheep (lambs) | <input type="checkbox"/> Chickens         |
| <input type="checkbox"/> Goats         | <input type="checkbox"/> Turkeys          |
| <input type="checkbox"/> Other: _____  |   |
| <input type="checkbox"/> Other: _____  |   |

40. Has a neighbour bordering on your property spread manure on their fields in the past 12 months?

- Yes
- No *(Skip to Q=42)*
- Don't know

40a. Where, in relation to your well, have neighbours spread manure over past 12 months? Would you say it is spread ... (*Read list*)

- Within 15 metres (50') of well
- Within 30 metres (100') of well
- Within 100 metres (330') of well
- More than 100 metres (330') from well
- Not spread in past 12 months (*Skip to Q=42*)
- Don't know \*\*\*Do NOT read\*\*\*

40b. And in the past 3 months has a neighbour spread manure on their fields?

- Yes
- No (*Skip to Q=41*)
- Don't know

40c. Where, in relation to your well, have neighbours spread manure over past 3 months? Would you say it is spread ... (*Read list*)

- Within 15 metres (50') of well
- Within 30 metres (100') of well
- Within 100 metres (330') of well (*Skip to Q=41*)
- More than 100 metres (330') from well (*Skip to Q=41*)
- Not spread in past 3 months (*Skip to Q=41*)
- Don't know \*\*\*Do NOT read\*\*\*

40d. When was the last time manure was spread on fields within 30 metres (100') of your well? Would you say... (*Read list*)

- Within the past month
- Within the past 3 months
- Within the past 12 months ago
- More than 12 months ago, or
- Never
- Don't know \*\*\*Do NOT read\*\*\*

41. How soon is manure usually worked into the ground when it is spread? Would you say... (*Read list*)

- Same day (includes injected)
- Within 1 to 3 days
- Within 4 to 7 days
- More than one week
- Don't know \*\*\*Do NOT read\*\*\*

42. Do you fertilize your vegetable or flower gardens or fruit orchards with animal manure?  
(*any source including store purchased*)

- Yes
- No
- Don't know

43. Has sludge from human waste been spread on fields within 90 metres (300 feet) of your well in the past 12 months?

- Yes
- No
- Don't know

44. And in the past 12 months, has waste from meat processing been spread within 90 metres (or 300 feet) of your well?

- Yes
- No
- Don't know

**I am going to ask a few questions that will help us group your information with other households most like your own. Remember that nothing about you, as an individual, will ever be released and you are identified by number in this study.**

45. First, what is the highest level of education that has been attained by any adult in the household? Would that be (*read list*) ...

- Less than grade 9
- Some high school
- Graduated high school
- College or trade school
- University
- Don't know \*\*\*Do NOT read\*\*\*
- Not stated \*\*\*Do NOT read\*\*\*

46. What is your best estimate of the total off-farm income, before taxes and deductions, of all household members combined, from all sources, in 2004? Was that total household income... (*Read list – include income from government sources*)

- Less than \$20,000
- \$20,000 to less than \$40,000
- \$40,000 to less than \$60,000
- \$60,000 to less than \$80,000
- \$80,000 or more
- Or do you have no off-farm income
- Don't know \*\*\*Do NOT read\*\*\*
- Not stated \*\*\*Do NOT read\*\*\*

*For farming households only (Q=32=farm)...*

47. What is your best estimate of the net income from your farm, before taxes, in 2004? Was that net income ... (*Read list*)

- Less than \$20,000
- \$20,000 to less than \$40,000
- \$40,000 to less than \$60,000
- \$60,000 to less than \$80,000
- \$80,000 or more
- Don't know \*\*\*Do NOT read\*\*\*
- Not stated \*\*\*Do NOT read\*\*\*
- Not applicable: Not a farming property





# Ontario Well Water Study

## Personal Questionnaire

**Date of interview:**   -   -     (dd/mm/yyyy)

**Interviewer:** \_\_\_\_\_

**Personal ID:**     -

**Consent acquired**

**This interview should take about 10 minutes and covers things about your medical, work, and travel history, as well as some questions about your use of water and some personal habits.**

**You are free to refuse to answer any question and to stop the interview at any time. However, your answers are all important and I hope you are able to answer all of the questions I ask you.**

**First, I am going to ask a few questions about yourself so we can group you with others like you.**

1. What month and year were you born? *(Birthday this month: record next month if not passed)*

-     (mm-yyyy Enter 99-9999 for don't know/refused)

2.  Male  
 Female

3. How long have you lived at this address? *(meaning at the house with this well)*

months *(Enter 999 for don't know/refused)*  
   years

**Now I am going to ask a few questions about your health.**

4. Has a doctor *ever* told you that you have...*(Read list)*

	Yes	No	D.K.
Diabetes <i>(type I or type II)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis or rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease or high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma, bronchitis, or emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autoimmune disease like lupus or Grave's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crohn's disease, celiac disease, colitis, ileitis, or IBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other digestive problems*: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other chronic conditions: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(\*e.g. diverticulitis, recurring heart burn, etc.)*

5. Have you been hospitalized, for at least one night, in the past 12 months? (Ref: calendar)

- Yes
- No (Skip to Q=6)
- Don't know/remember

5b. When were you admitted to hospital? (Probe: any other admissions in past year?)

5c. And how many nights did you stay in hospital in <FILL: month>?

Date of admission dd/mm/yyyy								# of nights admitted	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*\*Enter 99-99-9999 for don't know/don't remember

**Now I'm going to ask a few questions about medications and other medical treatments you may have used in the past three months.**

6. Within the past three months, have you taken any of the following medications or treatments? Have you taken....(Read list – Refer to calendar)

	Yes	No
Steroids like prednisone or cortisone	<input type="checkbox"/>	<input type="checkbox"/>
Immunosuppressive drugs like cyclosporine	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy (for cancer)	<input type="checkbox"/>	<input type="checkbox"/>
Radiation therapy	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin or ASA for more than a day or two at a time	<input type="checkbox"/>	<input type="checkbox"/>

7. How about antibiotics like penicillin, tetracycline, gentamycin, and other prescriptions for infections. Have you taken any antibiotics in the past three months?

- Yes
- No (Skip to Q=9 if "NO" to all medications and treatments....Skip to Q=8 if no only to Q=7)
- Don't remember

7a. What antibiotics have you taken in the past three months? (Probe: any others?)

7b. How long were you on <FILL: name of antibiotic>?

_____	<input type="checkbox"/>	<input type="checkbox"/>	days/weeks (Circle)
_____	<input type="checkbox"/>	<input type="checkbox"/>	days/weeks (Circle)
_____	<input type="checkbox"/>	<input type="checkbox"/>	days/weeks (Circle)
_____	<input type="checkbox"/>	<input type="checkbox"/>	days/weeks (Circle)
_____	<input type="checkbox"/>	<input type="checkbox"/>	days/weeks (Circle)

(Enter "don't know" if applicable)

8. Are you currently taking any of the medications or treatments I asked about?

- Yes
- No (Skip to Q=9)
- Don't remember

8a. What medication(s) [treatments] are you taking right now?

8b. And when did you start taking <FILL: name of medication>?

_____	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(dd/mm/yyyy)
_____	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(dd/mm/yyyy)
_____	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(dd/mm/yyyy)
_____	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/>	/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(dd/mm/yyyy)

(Use prescription bottle when available - Enter "don't know" if applicable)

9. When you are prescribed antibiotics, how often do you take the medication exactly as prescribed? By that I mean, taking the right number of pills at the right time of day. Would you say you always, usually, sometimes, rarely or never take it exactly as prescribed?

- Always
- Usually
- Sometimes
- Rarely or never
- Have never been prescribed an antibiotic (Skip to Q=10a)
- Don't know

10. When you use antibiotics, how often do you finish the full prescription? Would you say you always, usually, sometimes, rarely, or never finish all of the prescription?

- Always (Skip to Q=11)
- Usually
- Sometimes
- Rarely or never
- Have never been prescribed an antibiotic
- Don't know

10a. When you do not finish all medication or when it goes "out of date" or expires, how do you usually dispose of what is remaining? (List all that apply)

- Return to pharmacy / drug store
- Throw in garbage for land fill
- Throw in the toilet / down sink
- Always complete medications
- Other (specify) \_\_\_\_\_
- Don't know

11. We define diarrhoea as three or more loose stools or bowel movements in any 24-hour period. Have you suffered from diarrhoea in the past three months?

- Yes
- No (Skip to Q=12)
- Don't remember

11a. Have you had diarrhoea in the past month?

- Yes
- No (Skip to Q=12)
- Don't remember

11b. How many times have you had diarrhoea in the past month?

number (99 for don't know. If zero, use 0, do not leave blank)

11c. How many days did the last episode of diarrhoea last?

hours (99 for don't remember/don't know)

days

11d. How many days of school or work - including work at home - did you miss because of it?

hours (99 for don't remember/don't know)

days (If zero, use 0, do not leave blank)

***The next set of questions are about some of the foods you eat.***

12. Did you drink raw or unpasteurized milk, or eat dairy products made from raw milk, in the past three months? (*includes cream, butter, yoghurt, cheese, or ice cream*)

Yes

No (Skip to Q=13)

Don't know

12a. How often did you drink raw milk or eat dairy products made from raw milk? Would you say... most days of the week, a few times a month, or less often?

Most days

A few times a month

Less often

Don't know

13. Have you drank unpasteurized cider in the past three months?

Yes

No

Don't know

***Now I am going to ask you a few questions about your use of water.***

14. While at home, approximately how many 8 ounce (240 mL) glasses of water do you drink every day? This would also include water in hot drinks like tea or coffee and for cold drinks like orange juice or Kool Aid.

How many 8-ounce glasses do you think you drink every day?

glasses (*Refer to glass - enter 99 for don't know but probe for estimate*)

15. Do you regularly use bottled water at home? By regularly, I mean most days of the week. (*Individual and bulk*)

Yes

No (Skip to Q=16)

Don't know



15a. Including water used for hot and cold drinks, about how many 8 ounce (240 mL) glasses of bottled water do you drink every day?

glasses (99 for don't know)

15b. Do you use bottled water to ... (Read list)

	Yes	No
Wash vegetables or fruit	<input type="checkbox"/>	<input type="checkbox"/>
Brushing teeth	<input type="checkbox"/>	<input type="checkbox"/>
Washing hands	<input type="checkbox"/>	<input type="checkbox"/>

15c. How long have you been using bottled water at home?

days (99 for don't know)

months

years

***This section is about meal preparation and some of your personal practices.***

16. How often are you involved in meal preparation in your household? Would you say you always, usually, sometimes, rarely or never prepare meals?

- Always
- Usually
- Sometimes
- Rarely (Skip to Q=17)
- Never (Skip to Q=17)
- Don't know

16a. When preparing meals, do you touch raw beef, pork, or poultry with your bare hands?

- Yes
- No
- Don't know

17. In general, how often do you wash your hands with soap and water for each of the following. Would you say you always, usually, sometimes, rarely, or never wash your hands with soap and water... (Read list)

	Always	Usually	Some times	Rarely	Never	Not applic.
Before preparing food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After handling raw meat/poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before eating meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After playing with pets/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After changing diapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After handling garbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After caring for sick people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Now I'm going to ask about your work and leisure activities.**

18. Have you travelled outside Canada in the past 12 months? (Includes USA if overnight)

- Yes
- No (Skip to Q=19)
- Don't know

18a. To what country or countries did you travel? (Probe: any others? If many, focus on the past 3 months. If several to same country, focus on most recent trips)

18b. What dates did you travel to return from <FILL: country>?

_____	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	dd/mm/yyyy
_____	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	dd/mm/yyyy
_____	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	dd/mm/yyyy

(Enter "don't know" if applicable)

18c. Did you get diarrhoea while you were travelling or within a few days of returning from your trip(s)?

- Yes
- No
- Don't know

19. Over the past three months have you been swimming in an ocean, lake, river, or pond? (Include foreign and Canadian)

- Yes
- No
- Don't know

20. Have you been swimming in a pool in the past three months? (public or private)

- Yes
- No
- Don't know

21. And how about a hot tub? Have you used a hot tub in the past three months?

- Yes
- No
- Don't know

**I am going to read you a list of activities that might be a part of your day-to-day life. This includes things you might do at work, at home, or during leisure time.**

22. Over the past three months, have you been in personal contact with human waste including diapers or bedpans, or while doing plumbing repairs or working at a sewage treatment plant?

- Yes
- No (*Skip to Q=23*)
- Don't know

22a. Would you say you were in contact with human waste several times per week, several times per month, or less often?

- Several times per week
- Several times per month
- Less often

23. Have you been in personal contact with antibiotics for either human or animal use over the past three months? This might include at a pharmacy, veterinary clinic, or on a farm.

- Yes
- No (*Skip to Q=24*)
- Don't know

23a. Would you say you were in contact with antibiotics several times per week, several times per month, or less often?

- Several times per week
- Several times per month
- Less often

24. Have you been in personal contact with animal or pet food, either at home or at work, in the past three months?

- Yes
- No (*Skip to Q=25*)
- Don't know

24a. Would you say you were in contact with animal or pet foods several times per week, several times per month, or less often?

- Several times per week
- Several times per month
- Less often

25. Have you touched raw beef, pork or lamb with your bare hands in the past three months?

- Yes
- No (*Skip to Q=26*)
- Don't know

25a. Would you say you touched raw beef, pork, or lamb several times per week, several times per month, or less often?

- Several times per week
- Several times per month
- Less often

26. Over the past three months, have you touched raw poultry with your bare hands? This would include chicken, turkey, or other poultry.

- Yes
- No (Skip to Q=27)
- Don't know

26a. Would you say you have touched raw poultry several times per week, several times per month, or less often?

- Several times per week
- Several times per month
- Less often

27. And over the past three months how often have you been in direct contact with any of these animals, meaning actually touching them or their manure? Would you say you were in contact several times per week, several times a month, less often, or not at all with... (Read list)

	Several per week	Several per month	Less often	Not at all
Dairy cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chickens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkeys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other birds (including wild)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Game animals: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Do you attend school or work away from home? (incl. unpaid/volunteer work and all applicable)

- Attend school
- Work
- No (Skip to end)

28a. On average, how many hours per week do you attend school or work away from home?   hours

**That is all of the questions I have for you at this time. Thank you very much for your help with this study. Do you have any questions for me?**

\*\*\*Provide instructions on how to collect rectal swab.